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RESPONSE TRANSMITTAL	Docket No.: EWV-P005US	Total Pages: 2
	Application No.: 10/007,461	
	Filing Date 11/05/2001	
	First Named Inventor: Rick Castanho	
	Art Unit: 2151	
	Examiner Name: Kamal B. Divecha	

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment <input checked="" type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																																			
<p>1. <input checked="" type="checkbox"/> Response to Office Action dated July 13, 2006, to facilitate copendency for filing of continuation application.</p> <p><input checked="" type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is three (3) months; accordingly the appropriate non-small-entity fee is (\$1020.00).</p> <p><input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$510.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:)</p> <p><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="1"><thead><tr><th><u>Total Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><th><u>Multiple Dependent Claims</u></th></tr><tr><th></th><th></th><th></th><th></th><th><u>Fee (\$)</u> <u>Fee Paid (\$)</u></th></tr></thead><tbody><tr><td>-20 or HP=</td><td>x 25</td><td></td><td></td><td>180</td></tr><tr><td colspan="5">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><td><u>Indep. Claims</u></td><td><u>Extra Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td><td></td></tr><tr><td>-3 or HP=</td><td>x 100</td><td></td><td></td><td></td></tr><tr><td colspan="5">HP = highest number of independent claims paid for, if greater than 3.</td></tr></tbody></table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>					<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	-20 or HP=	x 25			180	HP = highest number of total claims paid for, if greater than 20					<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		-3 or HP=	x 100				HP = highest number of independent claims paid for, if greater than 3.				
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<p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input checked="" type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks: This Extension Request is being filed to facilitate copendency for filing of continuation application.</p>																																				

RESPONSE TRANSMITTAL
(Executed Attachment to Page 1)

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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name Anthony L. Miele

Date

1/16/07

Dated:

1/16/07

Respectfully submitted,

By:

A handwritten signature in black ink, appearing to be "Anthony L. Miele".

Anthony L. Miele, Attorney for Applicant(s)

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